

**REPORT OF THEFT OR
LOSS OF CONTROLLED SUBSTANCES**

State regulations require registrants to submit a detailed report of any theft or loss of controlled substances. Complete this two-page form and then forward it to the address noted above. Reports may be clearly hand-printed.

| | | | |
|--|--|---|--|
| 1. Name of the registrant (include store number, if applicable) _____ | | 2. Telephone number (Include area code) () _____ | |
| 1a. Address of the registrant _____ <div style="display: flex; justify-content: space-between; font-size: small;">StreetCityStateZIP code</div> | | 2a. Professional License No. of registrant _____ | |
| 3. Principal business of registrant (Check one) 1 <input type="checkbox"/> Pharmacy 4 <input type="checkbox"/> Manufacturer/Distributor 2 <input type="checkbox"/> Practitioner 5 <input type="checkbox"/> Other 3 <input type="checkbox"/> Hospital/Clinic | | 4. D.E.A. registration number 2-Letter Prefix 7-Digit Suffix <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> | |
| 5. N.J.C.D.S. number 1-Letter Prefix 8-Digit Suffix <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> | | | |
| 6. Date and time of theft or loss (Indicate date detected, if known) | 7. Number of thefts or losses by registrant in the last 12 months <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> | 8. Type of theft or loss 1 <input type="checkbox"/> Break-in 6 <input type="checkbox"/> Employee-Unlicensed 2 <input type="checkbox"/> Armed Robbery 7 <input type="checkbox"/> Miscount 3 <input type="checkbox"/> Customer Theft 8 <input type="checkbox"/> Prescription Filling Error 4 <input type="checkbox"/> Transit-Theft 9 <input type="checkbox"/> Other/Unknown 5 <input type="checkbox"/> Employee-Licensed (provide name and license number) _____ _____ | |
| 9. Name and address of the police dept. and the investigating officer who was notified of the theft/loss. _____ _____ _____ | | 10. If lost in transit, provide the name of the carrier. _____ | |
| 11. Have you experienced loss in transit from the same carrier in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," how many? _____ | | 12. Was the incident reported to the D.E.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," provide the address and telephone number of the nearest D.E.A. office that received the registrant's report about the incident. _____ Office contacted and telephone number _____ | |

13. What security measures have been taken to prevent future thefts or losses?

14. Theft or Loss Remarks/Details:

INFORMATION

According to Controlled Dangerous Substances regulations N.J.A.C. 13:45H-2.4(c) and 2.5(d), the registrant shall notify the Drug Control Unit of any theft or loss of any controlled substances upon discovery. The supplier shall be responsible for reporting in-transit losses of controlled substances by the common or contract carrier selected pursuant to discovery. The registrant shall also complete a DDC-52 form regarding any theft or loss. Thefts must be reported **whether or not** the controlled substances are subsequently recovered and/or the responsible parties are identified and action is taken against them.

List of Controlled Substances Lost or Stolen

| Name of Controlled Substance/Preparation | Dosage Form and Strength | Quantity | Schedule |
|---|--------------------------|------------|------------|
| Example: TYLENOL WITH CODEINE #3 | 30 mg. Tablet | 100 | III |
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I certify that the foregoing information is correct to the best of my knowledge and belief.

Signature

Print name and professional license number (if applicable)

Title

Date

Business address City State ZIP code Telephone number (include area code)